

2-1974

Beacon Light: February 1974

St. Cloud Hospital

Follow this and additional works at: https://digitalcommons.centracare.com/beacon_light



Part of the [Organizational Communication Commons](#)

Recommended Citation

St. Cloud Hospital, "Beacon Light: February 1974" (1974). *Beacon Light*. 175.
https://digitalcommons.centracare.com/beacon_light/175

This Newsletter is brought to you for free and open access by the CentraCare Health Publications (Newsletters, Annual Reports, Etc.) at DigitalCommons@CentraCare Health. It has been accepted for inclusion in Beacon Light by an authorized administrator of DigitalCommons@CentraCare Health. For more information, please contact schlepers@centracare.com.

The St. Cloud Hospital Beacon Light



Volume XXIII Number 6

February, 1974

Professional Standards Review: Quality Review or More Red Tape?



By January 1, 1976, government sponsored Professional Standards Review Organizations (PSRO's) will have the authority to approve the necessity of all elective hospital admissions in advance, solely for the purpose of determining whether medicare or medicaid will pay for the care.

The passage of the controversial HR#1 in 1972, not only had some far-reaching effects on private business in the area of increased Social Security payments, it also contained provisions which are offering a serious challenge to health care practitioners and providers. Upon signing the bill on October 30, 1972, President Nixon called it a piece of "landmark legislation", and his Under-Secretary of the HEW, John Veneman, forecast it to be "one of the most historic pieces of social legislation since the passage of the original Social Security Program." Not only are the implications of this major health care legislation far-reaching, they are costly as well. HR#1, or Public Law 92-603, has been estimated to cost the nation's taxpayers an additional 5.4 billion dollars. The law covers 989 pages of government text and includes 95 changes in the Medicare-Medicaid laws with implications for the entire health care community.

Along with its historic, and in some senses unprecedented changes in the Social Security Program, HR#1 has created a nationwide network of local-

ly based physician groups for reviewing the necessity, quality, and appropriateness of institutional care provided under provisions of the Social Security Act. These groups of physicians, called Professional Standards Review Organizations, (PSRO's), have been assigned the authority to determine the extent to which the government should participate in the payment of Medicare-Medicaid benefits to patients receiving health care services.

Simply stated, the members of the PSRO will have the responsibility for determining whether care and services provided under Medicare-Medicaid are: (1) medically necessary; (2) provided in accordance with professional standards; and (3) have utilized the least costly facility and mode of treatment available. In carrying out these responsibilities, the PSRO is required to regularly review the services delivered to Medicare-Medicaid beneficiaries by individual health care practitioners and institutions. The PSRO will be expected to analyze the

continued on page 4

Mike Becker Named Area's Outstanding Young Man

Mike Becker, Director of Rehabilitation Services, has been named the area's Outstanding Young Man by the St. Cloud Jaycees. The award, based largely on community service and leadership ability, was presented at special ceremonies January 23.

Becker is actively involved with many community organizations including Birthright, the Health Explorer Post at the Hospital, and the Family Life Bureau, St. Cloud Diocese. He is also a member of the Board of Directors of Catholic Charities and has published several articles various magazines. His most recent article, which was co-authored by Annette Stowe, Nurse Clinician, Rehab Division, appeared in *The Better Life*, the official publication of the Minnesota Nursing Home Association.

"I considered it an honor just to be nominated for the award," said Becker. "I was truly surprised to receive it," he said.



Mike Becker

Inside The Beacon...

Comment by Gene S. Bakke
Executive Vice President. . . page 3
PSRO: A Physician's View . . . page 5
New Staffing System Places Needs
Ahead of Numbers page 6
Recipe page 7

THE CHAPLAIN'S CORNER

By Father John McManus, O.M.I.



Father McManus

February

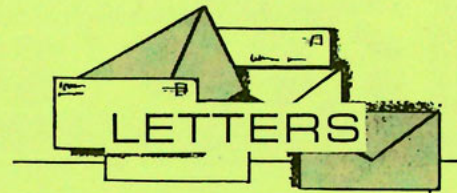
February the month of groundhogs, valentines and ashes. God continuing to speak to us in His own way.

The symbol of St. Valentine is perhaps the most significant since it reminds us that man alone among all of creation has heart, mind and voice to return thanks to God, then in turn share the love of Jesus Christ with others. Man speaks to the horizontal as well as the verticle plane.

This month we salute Doctors, Nurses and all Hospital personnel who by gentle concern shower the love of Christ Jesus on the sick.



CANDY STRIPERS CAPPED — 40 Candy Strippers received caps, symbolic of their first 50 hours of volunteer service January 22 in the Hoppe Auditorium. Marie Hoppert, Volunteer Director, welcomed the members, Dianne Talbot gave a brief address and Sr. Marion Sauer conferred caps. A reception for the Candy Strippers and their parents followed.



I recently spent 12 days at the St. Cloud Hospital with a flattened vertebra. I was in room 614; Mrs. Lindstrom is the head nurse in that section.

As a victim of multiple sclerosis I have seen more than a few hospitals and clinics in the last few years but nowhere have I been treated with such unfailing thoughtfulness and cheerfulness as I was in St. Cloud. I am referring to *everyone* with whom I came in contact, nurses, nurse aides, orderlies, the men in P.T., everyone. Those were 12 of the shortest days I have ever put in a hospital.

Please accept my sincere thanks and appreciation.

Respectfully,
D.D.

Dear Sir:

Enjoyed reading your article in the Beacon Light regarding the 25th anniversary of your head chef, Jerry Knuesel. I would like to add to all the good things you have related about him.

I had the pleasure of Jerry's company while in the service in WW II and based in Bizerte, Africa . . . attached to torpedo squadron, PT Base 12.

Jerry was a cook attached to our outfit and while all the boats were at sea most of the time, we were glad to return to our base and enjoy Jerry's wonderful cooking.

Jerry was popular . . . not only for his cooking, but also his good humor and his usual smile. I guess he still makes the wonderful APPLE PIES.

Yours truly,
J.Z.
Baltimore, MD

God bless you all for the good care I got here on your floor. Though I do not like to be in the hospital, I can say I enjoyed the friendliness and the courtesy, with which I was served by the entire staff. I was a "person" needing your care and at no time did I feel like a "number".

Thank you,
E.N.



Gene S. Bakke

COMMENT

by

Gene S. Bakke

Executive Vice President

Elsewhere in this issue of the BEACON LIGHT, there is an article describing Professional Standards Review Organizations (PSRO's), a new governmental program created under the 1972 amendments to the Social Security Act. The purpose of the PSRO amendment is to establish a federal network by physician groups who will review the necessity, quality, and appropriateness of all health care provided Medicare and Medicaid patients. Having conducted this review, the PSRO's will advise the government as to whether it should or should not pay for health care services patients have received.

This review process will not only be carried out *during* and *after* the patient is receiving health care, but will include review and certification by this same group *before* the patient is admitted to an institution for care, such as a nursing home or hospital. Except in cases of emergency (which is yet to be defined), the individual physician will not be able to admit his patient for care under medicare or medicaid until the proposed admission has been reviewed and approved by the PSRO.

Review of the necessity, quality and appropriateness of patient care in hospitals is not a new concept. Ever since 1918, when the American College of Surgeons established the first hospital certification program, hospital medical staffs have been reviewing care given hospital patients to assure that their care was necessary, of high quality and appropriate to their needs. That voluntary program has since been absorbed by the Joint Commission on Accreditation of Hospitals, a national organization supported jointly by the American College of Surgeons, American Hospital Association, American Medical Association and the American College of Physicians. Hospitals voluntarily apply for accreditation to the Joint Commission, and if a hospital meets the high standards imposed by the Commission, it is granted a certificate of accreditation. The St. Cloud Hospital, like most other hospital's throughout the nation, takes an active part in this review process.

There are few who will debate the fact that the accreditation program of the Joint Commission and its predecessor, the American College of Surgeons, is largely responsible for the high quality of care available in the nation's hospitals today. If there can be any criticism of the Joint Commission program, it might be that that they have insisted on higher standards than what some are today apparently concluding the public can afford. But when one personally considers his own health, or that of his family, he generally takes the position that he wants the very best health care there is available, regardless of its cost. He does not typically say, "I want my health restored, but I want to spend only X numbers of dollars". If the Joint Commission, and the hospitals they inspect and certify have erred, then, it has been on the side of the patients' safety and well being, recognizing that people have understandably demanded the best that modern technology could provide.

Now, the federal government has decided that the voluntary program conducted by the Joint Commission does not function

in the best interests of the people. By law, they are taking over this function, not for the purpose of maintaining quality, but to reduce the cost of benefits paid under Medicare and Medicaid. Once established in those two governmental programs, the plan is to expand it to include all health care at the time when National Health Insurance becomes a reality.

But what does this mean to the person who needs health care?

***It means that, before a patient's hospitalization will be paid by medicare or medicaid, physician must document the patient's need for hospitalization. Depending upon how smoothly the procedure runs, it could obviously mean delays in admission and, perhaps, no admission at all. The patient will have no part in the decision, and his doctor's judgment will be questioned by a committee whose prime responsibility is to reduce costs.**

***It means that the patient's care will be subject to constant review during his hospital stay with respect to both the services that are ordered by his attending physician and the length of his stay. If it appears that a patient's hospital care is costing too much, either in terms of care he received or how long he is in the hospital, the PSRO could recommend that Medicare or Medicaid should not pay his doctor and hospital bill.**

After the patient has left the hospital, his case will be reviewed again to determine whether it was necessary for him to be in the hospital in the first place. If the decision is negative, the government will not pay the cost of his care.

It is true that some patients have been admitted to hospitals when they might have been able to have their needs met in some other way. An example of this is when people have required extensive diagnostic work-ups. Sometimes the patient wanted to be in a hospital because of the strain imposed by the tests. Another factor has been the limitation of insurance benefit payments to hospitals, and not providing such coverage elsewhere. However, this kind of thing is, at present, relatively rare, and one can legitimately raise the question of whether the mammoth cost which will be imposed on the federal government and the taxpayer by the PSRO bureaucracy will not be far greater than any savings that may be generated.

But PSRO is now law and is apparently here to stay. And *in the interests of the public and the patients they serve*, hospitals and doctors are aggressively cooperating with the government in the implementation of the PSRO program. They are aggressively cooperating in the hope that the decisions regarding the initial need for health care, the kind of care the patients receive, and whether it was all necessary in the first place will be made by those who have some expertise to make those judgments, as well as to make certain that *cost* does not become the only criteria by which the need for health care is measured.

Hospital gets County Liaison Agreement



Mrs. Webb

Mrs. Bev Webb, Stearns County Social Services Center, has been appointed to be an official liaison worker with the Hospital. Mrs. Webb will coordinate County Social Service efforts with the Hospital Department of Social Services.

According to Chuck Rice, Hospital Social Service Director, "This is a fanning out of activities from in-hospital services to a realistic commitment in the provision of community services."

"Our hospital is really a health center in every sense of the word," he said. Patients needing various social services will be able to avail themselves of this help by Stearns County Staff, through Mrs. Webb. Rice indicated that this will be of great benefit in the provision of continuity of care regarding medically related social problems experienced by many patients.

"The Hospital," Rice said, "is not only interested in quality of care while a patient is hospitalized, but truly concerned about what happens to the patient after discharge."

Beacon Light

published by

The Public Relations Department
of
The Saint Cloud Hospital.

EDITORIAL STAFF

Jeff Blair	Bea Knuesel
Pernina Burke	Mary Leyendecker
Sr. JoAnn Bavier	Ann Lintgen
Agnes Claude	Agnes Moeglein
Barbara Erickson	Donna Strack
Sally Grabuske	Sam Wenstrom
Marie Hoppert	

PSRO's: Quality Review or More Red Tape ?

cont. from page 1

pattern of services rendered or ordered by individual physicians and provided by institutions and to concentrate its attention on situations in which unnecessary, substandard, or inappropriate services seem most likely to exist or occur.

In addition, PSRO's will have the authority to approve the medical necessity of all elective hospital admissions in advance — solely for the purpose of determining whether Medicare or Medicaid will pay for the care. This means that any Medicare-Medicaid patient coming into the hospital for tests, surgery, or any other medical procedure, will have to have the approval of the PSRO before payment will be made. If the PSRO does not approve of the admission, the costs incurred will not be covered by the federal payment program. In the case of Medicare-Medicaid patients admitted as emergency admissions, a determination must be made by the PSRO within 24 hours of the admittance whether or not it was necessary according to the patient's medical need.

Not only will PSRO's have a direct bearing on whether or not a patient will be admitted to the hospital, they will also provide an indication as to his length of stay. According to the law, PSRO's will be responsible for reviewing the attending physician's certification of need for continued hospital care beyond professionally determined regional norms directly related to the patient's age and diagnosis, using criteria such as types of data developed by the Commission on Professional and Hospital activities.

It must be pointed out, however, that a PSRO's disapproval of the medical necessity for continued hospital care beyond the norm for that diagnosis, will not mean that the physician must discharge his patient. The review responsibility of the PSRO is to determine only whether or not the care should be paid for by Medicare and Medicaid. By making this determination in advance, according to HR#1, the patient, the institution, and the physician will be forewarned of the desirability of making alternative plans for providing care or financing the care being contemplated.

The PSRO will also make determina-

tions whether or not certain types of treatment or stays in certain types of facilities will be covered by Medicare-Medicaid payments. In this case, the PSRO will advise the patient using Medicare-Medicaid, regarding the government's intention to pay for his hospitalization in an acute or long term facility or the particular treatment the physician has prescribed.

While all of the regulations have not been written yet, the law states that HEW will designate PSRO areas and encourages local groups of physicians to establish PSRO's representing "substantial numbers of practicing physicians who are willing and believed capable of assuming responsibility for overall continuing review of institutional and outpatient care and services." Each of these local groups will generally include a minimum of 300 practicing physicians. Because of the number of physicians required, it is expected that there will be many multi-county PSRO's. (Three geographic areas have been designated PSRO's in Minnesota — see map at right).

It is also "expected" that PSRO's will make specific arrangements with groups representing substantial numbers of dentists for necessary review of dental services. They are also authorized and "expected" to retain and consult with other types of health care practitioners such as podiatrists, to assist in reviewing services that their fellow practitioners provide.

If local groups of physicians decline to assume the responsibility of forming a PSRO, the Secretary of the HEW has the authority (after 1976) to seek alternative applicants from among other medical organizations, such as medical schools, state and local health departments and even carriers and intermediaries or other health insurers.

By legislating the authority for reviewing the medical care provided when they are paying the bill, the federal government has, in effect, put another check on the quality of services health care practitioners and providers deliver. And, as the Minnesota Hospital Association has stated, "PSRO's will open a new door of accountability for health care, but it could also open an administrative 'Pandora's Box' of paper work and red tape."

PSRO: A Physician's View

By Dr. D.E. Jaeger,
Chief of Staff

The heated debate regarding "Professional Standards Review Organizations" as passed by Congress in October 1972 (P.L. 92-603) continues unabated throughout the United States. And well it should. This controversial legislation states in its *Declaration of Purpose* that it has been legislated: "In order to promote the effective, efficient and economical delivery of health care services of proper quality..." That purpose would seem honorable on the surface. Our Medical Staff organization has, in the past and continues, through its multiple clinical departments and committees, to spend numerous hours on activity whose only purpose is assuring patients quality care. The PSRO legislation is a regulatory maneuver to decrease utilization of health services by Medicare and Medicaid recipients thus reducing expenditures. The utilization of these services will be reduced by the mechanism of pre-admission certification of the need for hospitalization and the pre-determined length of stay for a particular diagnosis. These regulations may seem worthy objectives, but unfortunately they are not at all sensitive to the patient and his health care needs. This is the unfortunate and even dangerous aspect of this program.

Acknowledging that the legislation allows admitting a patient on an emergency basis (although retroactive justification will be required for coverage under Medicare or Medicaid), others who are sick, but not emergency cases will need to have their admission to the hospital subjected to bureaucratic review before it can be covered under the federal payment program. Likewise, arbitrary lengths of stay established for a specific diagnosis may impose a hardship on the patient, for each person's response and recuperative ability varies immensely. Admittedly, this program has some flexibility and takes into account complications when considering length of hospital stay for a patient, but it again demonstrates insensitivity to the patient's needs. This is done under the guise of being effective and efficient and economical. The "Extended Care" concept under the original Medicare legislation was also intended to be efficient and economical. We are all aware of the farce that turned out to be. Certainly this program will likely result in less dollars being expended on direct health care for Medicare and Medicaid recipients. But we can be sure that any savings accomplished by this legislation will more than likely be rapidly consumed, by the inevitable bureaucracy which will develop to operate it.

That is what is bothersome. Instead of the worthy goals of effective, efficient, economical and quality care as delivered in this legislative "Declaration of Purpose," the end result could be incurred expenditures and less access to health care for Medicare and Medicaid recipients.

Since this program is now law, the Saint Cloud Hospital has been working on its implementation for several months. We will continue to develop the program. But we do not delude ourselves that quality care at low cost will be the spontaneous effect of this regulatory program. Quality care comes about by assuring excellent initial education of health care providers and a sustained program of continuing education. Applying knowledge thus attained in a sincere and dedicated manner will assure quality care. That is our goal.

OUR RECORD OF SERVICE

	ADMISSIONS	BIRTHS	OPERATIONS	EMERGENCY OUTPATIENT VISITS
December, 1973	1,281	130	511	841
1973 to 12/31/73	16,733	1,628	6,962	11,575

Physician, Trustees, Hospital staff members... on Thursday, March 7, a seminar on quality assurance will be held in the Hoppe Auditorium at the St. Cloud Hospital. It will explain the requirements of the Professional Standards Review Organization law, and describe the most workable method meeting those requirements—through quality assurance programs. time 7:00 p.m.

Minnesota PSRO Area Designation



These are the HEW area designations for Minnesota PSRO's:

Area 1: Counties of Kittson, Red Lake, Morrison, Roseau, Norman, Mille Lacs, Lake of the Woods, Mahanomen, Kanabec, Koochiching, Clearwater, Pine, St. Louis, Hubbard, Hope, Lake, Cass, Stearns, Cook, Wadena, Benton, Marshall, Crow Wing, Sherburne, Beltrami, Aitkin, Isanti, Itasca, Carlton, Chisago, Polk, Todd, Wright, Pennington.

Area 2: Counties of Anoka, Washington, Scott, Hennepin, Carver, Dakota, Ramsey.

Area 3: Counties of Clay, McLeod, Blue Earth, Becker, Lincoln, Waseca, Wilkin, Lyon, Steele, Otter Tail, Redwood, Dodge, Traverse, Brown, Olmsted, Grant, Sibley, Winona, Douglas, Nicollet, Rock, Big Stone, Le Sueur, Nobles, Stevens, Rice, Jackson, Swift, Goodhue, Martin, Lac qui Parle, Wabasha, Faribault, Chippewa, Pipestone, Freeborn, Kandiyohi, Murray, Mower, Meeker, Cottonwood, Fillmore, Yellow Medicine, Wagonwan, Houston, Renville.

New Staffing System Places Needs Ahead of Numbers

For years hospital administrators have sought solutions to the problem of providing an adequate staff to deliver quality health care. Numerous systems based on census, patient days, beds, nursing hours per patient day, nursing hours per bed, per diem cost, and so on have been developed. In many cases, these systems were based primarily on the *number* of patients, *nursing hours*, beds, etc. rather than on the *needs* of the patient. In addition, they had difficulty adjusting to the continually changing pattern of patient needs brought about by new and expanded medical procedures.

Recently the St. Cloud Hospital began using a new staffing technique which offers a method of matching patient needs with a quality level of nursing care. The system, known as PETO, was originally developed at Talmadge Memorial Hospital in Augusta, Georgia by four women: Marilyn Poland, a nurse clinical specialist; Nellie English, a clinical specialist; Nancy Thornton, M.D. medical director; and Donna Owens, a head nurse in the hospital's pediatrics unit. PETO is an acronym of these four surnames. Basically, the system identifies variables of patient care and then assigns point values to them. The variables, or services required by the patient are frequently divided into seven groups: dietary, vital signs, cleanliness, suction, respiratory therapy, toileting and turning. While these seven elements do not comprise all of nursing care, it is believed that they can be used as a measure in predicting a

large share of the care required by the patient. Table I below shows the elements of care given on the various services with a corresponding point value based on the amount of nursing time required. For example, on this nursing unit, all one point statements

"We asked for a method to determine staffing requirements based on patient needs rather than on census . . . through the Systems Design study, we were introduced to PETO . . . and it works!"

Jo Fettig
RN (6 So.)



require 7 1/2 minutes, 2 point statements, 15 minutes, 4 point statements require 30 minutes, 8 point statements require 60 minutes, and 12 point statements, 90 minutes. On other nursing units each point may have a different value.

Each afternoon the team leader on the unit evaluates the points assigned to each patient cared for by the team. The point total is then converted into physical care units (PCU's), using the conversion chart shown on table 2 below. Each PCU is equivalent to one hour of nursing care. Once the total nursing care hours required have been determined by using the PETO method, the staffing office determines the number of staff (RN's, LPN's and Nurses Aides) necessary to meet patient needs.

This evaluation is done on a daily basis to assure quality patient care.

At the St. Cloud Hospital, the PETO system is being used on three nursing units: 6 South (Orthopedics), 5 South (Medical) and 2 Northwest (Rehab.). It must be noted that separate studies



"PETO is the system use to get the amount of help we need to give quality care to our patients . . . and quality is our goal in nursing care."
Jan Reutter,
RN (5 So.)

have been done on each of these units and point values assigned accordingly. Consequently, point values are different for each unit just as the type of care the patient required differs from unit to unit.

The hospital's initial experience with PETO indicated that the patient needs of 6 South, 5 South, and 2 Northwest had increased to the point where additional staff was required. As a result, adjustments were made in the staffing patterns on these units.

Because PETO is concerned with patient needs rather than numbers, it allows head nurses and team leaders to observe changes in staffing requirements continuously. More importantly, it is a system designed to accommodate the staffing changes necessary to assure quality patient care.

Table I	
Activity	Point Value
Diet	
Feed self	1
Feeds self with super. or fix	2
Feed Pt. (Days 6) (Relief 3)	
IV Adm. or Blood con't.	8
IV Med Butterfly	4
Toileting	
Toilets per self	1
Toilets with super., clintest, spec collection, bedpan, chatheterization	2
Incont. urine or stool	8
Up to BR with 2; ex. commode	8
Vital Signs	
TRP qid & od BP	1
TPR quid-BP qid or q4h at nite	2
TPR or BP q2h or CMS Q2h	4
V.S. qh or post surgical	12

Table II	
CONVERSION OF POINTS INTO HOURS OF CARE	
Points	Hours of Nursing Care
4-11	1
12-19	2
20-27	3
28-35	4
36-43	5
44-51	6
52-59	7
60-67	8
68-75	9
76-83	10

My Job . . . And Why I Like It



Mary Bisenius

Some people search for the fountain of youth — Mary Bisenius has found it. A nurse educator of many years experience, Mary teaches Psychology, Child and Adolescent Development, Communications, and Psychiatric Nursing at the St. Cloud School of Nursing and still maintains an "ever young" outlook. In addition to her jammed-packed teaching schedule, Mary finds time to read, go on tropical vacations, raise Yorkshire dogs and relax. Just a few years ago, she returned to college to become the first

graduate of the Rehabilitation Counseling Program at St. Cloud State College. When asked why she liked her job, her reply was: "Of all the beautiful things on earth I like people most, and the most beautiful thing about people is their ability to learn. For me there is a real and never-ending challenge to guide learning and my greatest reward is watching it happen. I like to watch people discover knowledge with in themselves and I believe nursing students are a special 'breed' as they integrate knowledge with compassion."

"As a nurse, I appreciate the flexibility of an open curriculum away from the rigidity and discipline of immediate clinical demands. I treasure every opportunity to personalize approaches to meet the individual learning needs of students. Especially I like the climate of this hospital and this School of Nursing."

"The people I work with on a day-to-day basis are deeply concerned about the quality of nursing care they teach and unbelievably supportive in helping one another. Encountering so many people, of course, we have problems and heartaches, but in the words of Carl Sandburg, 'Life is like an onion; you peel off one layer at a time, and sometimes you weep.'"

Reach to Recovery Volunteers Trained

A two-day training session for Reach to Recovery Volunteers was held at SCH earlier this month. The Reach to Recovery Program is a project of the St. Cloud Hospital Volunteer Department in cooperation with the American Cancer Society and is made up of volunteers who have had mastectomies, or surgical removal of a breast because of breast cancer.

Reach to Recovery volunteers are trained to demonstrate exercises prescribed for the recovery period following surgery, explain various breast forms and make suggestions for clothing comfort, and, where indicated, discuss personal problems. A total of eleven volunteers have received training since the program began. Upon approval of their physician, patients wanting assistance through the Reach to Recovery volunteers are to contact Marie Hoppert at the hospital, extension 289.

GIVE...so more will live
HEART FUND

Accreditation Dates Set

Representatives from the National League for Nursing, Department of Diploma Programs, will visit The St. Cloud Hospital School of Nursing March 10-14, 1974, for continued accreditation. This re-evaluation occurs every six years, and was last accomplished in 1968.

Nursing Students Get OJT

Under guidance of their clinical instructors, St. Cloud School of Nursing seniors go to rural hospitals, Doctor's offices, Veterans' Hospital, 2 West and A&C unit in St. Cloud Hospital to gain community centered experience and a more realistic understanding of employee-employer relationships. Six doctors' offices, hospitals in Little Falls, Albany, Milaca, as well as St. Cloud Hospital, and the V.A. enjoy the benefits of this program. Students are given the option of choosing which area they prefer and as far as possible this is arranged for them.

From the St. Cloud Hospital Kitchens

This month's recipe offers a good salad to go with a St. Patrick's Day feast of Corned Beef, Boiled potatoes, and steamed cabbage. Cut along the dotted lines and paste on a 3 x 5 card.

Molded Lime Salad

1 package lime flavored gelatin
2 cups water
Prepare gelatin by dissolving in 1 cup boiling water. Add 1 cup cold water. Mix well. When gelatin begins to thicken add:
2 tablespoons horseradish
1/2 cup mayonnaise
1/4 cup stuffed olives, sliced
Fold in:
1/2 cup heavy cream, whipped.
Pour into mold or bowl and let set.

P.A.C. Rap



By Mary Leyendecker

Being new to both the PAC and the Beacon Light staff, I would like to share a few of my experiences and observations regarding the PAC with you. Perhaps, like many other employees here at the hospital, I had several misconceptions of what the PAC entails. First of all, I was impressed with the leadership abilities among the people elected to the committee as well as with the members who were re-elected as officers. I also found people who are objective and fair in their decision making. I found this to be true not only with grievances, which I believed at one time to be the sole purpose of PAC, but also with new suggestions and programs for the benefit of the employee. Looking back over the time I have been involved with the PAC, topics of discussion have been many. Some of the items we have discussed have already been implemented, others are still being investigated as a possibility for future implementation. This list includes: dental insurance, trips to the Chanhassen Dinner Theatre, Christmas Decorations and judging, early delivery of payroll checks, funeral benefits, and, most recently, the Day Care Center Program.

These are only a few of the things PAC is trying to do for you, but, we need your help. We need to know your opinion — either pro or con. Your suggestions and support are more than welcome.

Someone certainly started an excellent organization to help us help each other.

COMING PROGRAMS

EVENT	DATE	REMARKS
Birthright Meeting	Mon., March 18, 7:30-10 p.m. Sat., March 23, 9 a.m.-4 p.m.	Open to interested people Auditorium Busch Room
Natural Family Planning Group Instruction	Wednesday, February 27 Thurs., March 7, 14, 21, 28 7:00-9:00 p.m.	Garden Room. For Interested parents. More information may be received by calling Natural Family Planning Office at SCH
Epilepsy League Educational Mtg. Pre-Surgical Party	Tues., March 19 - 7:00 p.m. Wednesday, March 6 and 20 7:00 p.m.	Garden Room Busch Room. Sponsored by Pediatric Department. Open to parents and children scheduled for Surgery. Includes tour of Pediatrics Department and introduction of personnel and policies. Guests report at Information Desk. Children invited - refreshments served. One hour.
Calix Society	Holy Hour - Sat., March 9 7:00 p.m. Meeting, Sun., March 10	For Calix Society members at 8 a.m. in Hospital Chapel followed by breakfast in the Busch Room.
Candy Striper Meeting Ostomy Club Meeting	Monday, March 11, 7:00 p.m. Tuesday, March 19 - 7:00 p.m.	Pierz Room Busch Room - For members only.

Beacon Light

ST. CLOUD HOSPITAL
1406 6th Avenue North
St. Cloud, Minnesota 56301

Nonprofit Organization
U. S. POSTAGE
PAID
St. Cloud, Minn.
Permit No. 389